


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005325
1. Entity Name
SPYGLASS TOWNHOMES OWNERS' ASSOCIATION, INC.



Principal Place of Business 104 SANDTRAP RD. #103 DESTIN, FL 32550	Mailing Address 104 SANDTRAP RD. #103 DESTIN, FL 32550
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01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, DAVID
104 SANDTROP ROAD
DESTIN, FL 32550

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIOTT, DAVID 104 SANDTROP ROAD, # 103 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENT, JERRU 104 SANDTRAP RD. #102 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WICKMAN, LARRY 104 SANDTROP ROAD, # 103 DESTIN, FL 32550
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IN THIS SPACE**

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02/11/06-80036-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Elliott 1-29-06 228-896-2573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #